## LAND-DISTURBING PERMIT APPLICATION PLANNING & ZONING DEPARTMENT GILMER COUNTY, GEORGIA

Date			
Applicant		Phone:(	)
Address	City	State	Zip
Landowner (If Not Applicant)		Ph	one:( )
Address	City	State	Zip
Project Description			
Acreage Amount to be Disturbe	ed		
Project Conducted By		Phone No	
I am aware that a Georgia Soil & Wa any land disturbance activity. (cop		Commission Card H	
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## \* This Permit Is Valid For One (1) Year from Date of Issuance

I HEREBY CERTIFY THAT I FULLY UNDERSTAND THE PROVISIONS OF THE GILMER COUNTY EROSION AND SEDIMENT CONTROL ORDINANCE, AND THAT I ACCEPT FULL RESPONSIBILITY FOR CARRYING OUT ALL PRACTICES OUTLINED IN THE ORDINANCE AND FUTHER RECOGNIZE THAT I AM SUBJECT TO POSSIBLE PENALTIES SETFORTH IN THE ORDINANCE FOR ANY VIOLATION.

I FURTHER GRANT THE RIGHT-OF-ENTRY ONTO THIS PROPERTY, AS DESCRIBED ABOVE, TO THE DESIGNATED PERSONNEL OF GILMER COUNTY FOR THE PURPOSE OF INSPECTING AND MONITORING Gilmer County Planning & Zoning – 1 Broad Street, Suite 002, Ellijay, Ga. 30540

Office – 706-635-3406 Fax – 706-635-3405

FOR COMPLIANCE WITH THE AFORESAID ORDINANCE.

I HEREBY CERTIFY THAT MY PROPERTY IS NOT LOCATED WITHIN 200 FEET OF A PERENAIL STREAM AS SET FORTH BY GEORGIA EPD.

GRADING, FILLING, DIGGING, CUTTING, LANDSCAPING OR OTHER CONSTRUCTION ACTIVITIES ON A LOT PRIOR TO GETTING APPROVAL FROM THE ENVIRONMENTAL HEALTH OFFICE MAY RESULT YOUR LOT BECOMING UNSUITABLE FOR A SEPTIC SYSTEM AND FINES UP TO TWICE THE USUAL SEPTIC PERMIT FEES.

I HEREBY APPLY FOR A PERMIT TO DO THE WORK STATED ABOVE, AND ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT.

	OR	
Signature of Property Owner / Date		Signature of Agent/Contractor / Date